## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

				UI <u>Fua</u>	(0	.,					
INSTRUCTIONS: This appropriate. All further condicated unless corrected maintenance fee notifications.	orrespondence includir d below or directed oth	for trans ng the I herwise	smitting the ISSU Patent, advance on in Block 1, by (a)	E FEE and PUBLIC ders and notification ) specifying a new co	of m	ON FEE (if requi mintenance fees w pondence address;	red). F vill be and/or	Blocks I through 5 s mailed to the current r (b) indicating a sepa	hould be completed correspondence addu trate "PEE ADDRES	when tess a S" fo	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.					
31013	7590 07/27	/2009			паче			_			
KRAMER LEVIN NAFTALIS & FRANKEL LLP INTELLECTUAL PROPERTY DEPARTMENT 1177 AVENUE OF THE AMERICAS						Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimilatransmitted to the USPTO (571) 273-2885, on the date indicated below.					
NEW YORK, NY	7 10036								(Depositor)	(ums)	
									(Si <sub>f</sub>	jnature)	
					L					(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENT			TOR ATTORNEY DOCKET NO			CONFIRMATION N	Ю.	
09/765,714		Sidney M. Baker			059376-00002 1589						
ITTLE OF INVENTION: A COMPUTER MAINTA		HOD FO	OR THE AUTOMA	ATED PRESENTATI	ION (	OF SYSTEM DAT	ОТ АТ	, AND INTERACTIO	HIIW N		
APPLN. TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	₩O YES	,	яя <b>н</b> \$755	\$300		\$0		sh810-\$1	055 10/27/2009		
EXAMINER			ART UNIT	CLASS-SUBCLASS							
FRENEL, VANEL 368			3687	705-003000							
1. Change of correspondence address or indication of "Fee Address" (CFR 1.363).  1. Change of correspondence address (or Change of Corresponde Address form PTO/SB/122) attached.  1. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  [Kramer Levin Naftalis & Frankel LLP  2 Aaron_Haleva,_Esq							
3. ASSIGNEE NAME AN	D RESIDENCE DATA	A TO B	E PRINTED ON T	HE PATENT (print o	r typ	e)					
PLEASE NOTE: Unle recordation as set forth	ess an assignee is ident in 37 CFR 3.11. Comp	ified be pletion o	low, no assignce of this form is NOT	data will appear on th I a substitute for filing	he pa g an a	tent. If an assign assignment.	ee is ic	dentified below, the d	ocument has been fil	ed l'o	
(A) NAME OF ASSIG		(B) RESIDENCE: (C	(CITY and STATE OR COUNTRY)								
Medigenesis, Inc. Stamford, CT 06905											
Please check the appropri	ate assignee category or	catego	ries (will not be pri	inted on the patent):	0	Individual 🖾 Co	orporati	ion or other private gr	oup entity Gover	nmen	
Ia. The following fee(s) a  Issue Fee  Publication Fee (No Advance Order - #		<ul> <li>4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>☐ A check is enclosed.</li> <li>☐ Payment by credit card. Form PTO-2038 is attached.</li> <li>☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0450 (enclose an extra copy of this form).</li> </ul>									
5. Change in Entity State	us (from status indicate SMALL ENTITY state				·			FITY status. See 37 C			
NOTE: The Issue Fee and	Publication Fee (if req	uired) w	vill not be accepted	from anyone other th						arty i	
nterest as shown by the re	ecords of the Onlied Sta	ues Pau	ent and I rademark	Ornœ.							
Authorized Signature / Aaron Haleva/				•							
Typed or printed name <u>Aaron Haleva</u>											
This collection of informa an application. Confident submitting the completed his form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231	tion is required by 37 Cality is governed by 35 application form to the mas for reducing this burginia 22313-1450. DC 3-1450.	CFR 1.3 U.S.C. USPTO Indea, sh O NOT	11. The informatio 122 and 37 CFR 1 O. Time will vary could be sent to the SEND FEES OR C	n is required to obtain 1.14. This collection i depending upon the i Chief Information O COMPLETED FORM	or restingly	etain a benefit by t imated to take 12 i Idual case. Any co r, U.S. Patent and THIS ADDRESS	he pub minutes mment Traden S. SEN	lic which is to file (an s to complete, including to on the amount of timark Office, U.S. Dep D TO: Commissioner	d by the USPTO to pang gathering, prepared me you require to co- artment of Commerci- for Patents, P.O. Box	ocess ig, and mplet e, P.O : 1450	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

10/23/2009 INTEFSW 00008652 09765714 01 FC: 1504 PTOC-85 (Rev 08/07) Approved for the liftnugh 08/31/2010. 02 FC: 2501 755, 00 DA

30.00 DA

03 FC:8001

755.00 DA

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE